Tippecanoe County

Community Health Needs Assessment

Key to a healthy and vibrant community

February 2016

Franciscan ST. ELIZABETH HEALTH

RIGGS COMMUNITY HEALTH CENTER
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Tippecanoe County Health Department

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Contents

Introduction

In the summer of 2015, the Franciscan Alliance St. Elizabeth Health Hospital, Riggs Community Center, Unity Healthcare and members of Healthy Active Tippecanoe ("HAT", a United Way Health Coalition) met to initiate the second Community Health Needs Assessment (CHNA) for Tippecanoe County. The effort was led by the Tippecanoe County Health Department Epidemiologist, Pauline Shen. A list of HAT members are on the following page.

CHNAs are a tool used by the Health Department, hospitals and many social service agencies to benchmark, evaluate and improve the Public Health of the residents of a specified area, in our case Tippecanoe County. Quantitative primary data was collected in a survey instrument similar to the one used in 2011. Secondary data is readily available from multiple sources, many are listed throughout the report and in the Appendix.

Qualitative data was collected through key community members after the results of the CHNA were analyzed. The results are shared at the end of this report on Page 28.

The Health Department is in a unique position to collect qualitative data through their mission of Public Health education, Promotion, Prevention and Protection of public and Environmental health through their collaboration with almost all agencies and organizations in the county.

It is important for readers to note the significant differences between Community Need and Personal Need throughout this report. Interpretation of these differences could influence choices that are made to improve the Public Health of the community. A variety of factors may have lead to the differences including the inability to obtain adequate representation from lower income segments of the community, who are less likely to participate in surveys such as this.

For example, Community Need results may better represent the perceptions of the half of the survey sample that had a college degree. On the other hand, levels of Personal Need, may represent a more real need among survey respondents with low income levels. Thus, Community Need and Personal Need should be reviewed and interpreted carefully so that decisions that result can be focused where the most benefit to the Public Health of the community can be realized.

Introduction

Groups represented by HAT members

Action for Healthy Kids

American Health Network

Area IV on Aging and Community Action Programs

City of Lafayette

City of West Lafayette

Community Volunteers

Drug Free Coalition of Tippecanoe County

Employee Benefits Solutions

Employers Health Network

Franciscan Alliance St. Elizabeth Health

Greater Lafayette Commerce

Greater Lafayette Parish Nurse

Group Homes for Children

Hanna/Minority Health Coalition

Henriott Group

Kathryn Weil Center

Phoenix Group

IU Health Arnett

Kirby Risk

Lafayette School Corporation Wellness Committee

Lafayette Family YMCA

Lafayette YWCA

Lafayette Urban Ministry

Mental Health America

NutriPledge

Parish Nurses

Purdue Extension

Purdue Department of Health & Kinesiology

Riggs Community Health Center

Tippecanoe County Health Department

Tobacco Free Partnership

United Way of Greater Lafayette

Unity Healthcare

Women, Infant, Children (WIC) Program

Acknowledgments

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Executive Summary

Health data for Tippecanoe County is more abundant than ever before. The increased availability of data can be overwhelming because the methodology utilized to collect health related data often varies, making it difficult to use for comparison and decision making purposes. Thus the challenging task is to collect primary and secondary information and organize it into a useful document for health care professionals, social services and residents.

The overall primary data collected showed a priority need in health services for:

- Mental Healthcare
- Drug/Alcohol Abuse/Detox Program for Adults and Children
- Affordable Housing
- Home Healthcare Service
- Balance Classes
- Dental Care
- Chronic Disease Management

Primary data collection also showed high concern for community issues in regard to:

- Domestic Violence
- Child Abuse Prevention
- Prescription Medication Abuse
- Substance Abuse (all types)
- Food Insecurity
- Homelessness

The local environment has changed greatly in terms of drug use and the number of arrests and prosecutions in the last four years. This is expected as our community has increased in population. The growth of a city is often accompanied by an increase in crime. As a result, Public Safety has become an issue. Increased drug traffic is a troubling trend for schools and parents alike.

On the other hand, health indicators show little change over time. The top four chronic health indicators are the same and will probably remain the same over a long period. High Cholesterol, Hypertension, Anxiety and Depression are the major culprits and were unchanged since the last survey.

Two of the largest changes observed in the 2015 survey was related to how we communicate with each other and how businesses market themselves to individuals. Our survey shows the advent of the mobile phone and constant contact with the internet are mainstays of life for almost everyone except those with low incomes who do not have access due to affordability.

Alarmingly, the amount of Public Health spending (federal and state funds) in Indiana is one of the lowest (48 out of 50) in the nation. In 2015 Indiana spent $39.05 per person; the average for the nation is $85.52.

Methodology

The questions for the 2015 survey were selected by the sponsoring agents and members of HAT. Secondary data from local sources was used to clarify and provide additional depth and perspective following discussion among HAT members, West Lafayette and Lafayette government, YWCA and Purdue. The 2011 survey was used as a benchmark, therefore the format was similar. Primary data collection was the top priority of the 2015 Community Health Needs Assessment.

The timeline for data collection was set for mid September to mid December. Online data collection by Survey Monkey was the major vehicle used. Extensive email lists from the following community groups were utilized to distribute the survey.

Local School Corporations	Greater Lafayette Chamber of Commerce
United Way Organizations	Lafayette Police Department
West Lafayette and Lafayette City Govt	Tippecanoe County Government
Franciscan Alliance St. Elizabeth Health	Unity Healthcare

To supplement the online data collection, paper surveys were delivered to Riggs Community Health Center, WIC (Women, Infant, Children Federal Program), St. Boniface Spanish masses, African American barber shops and beauty salons. Approximately 350 paper surveys were included in the data analysis from various under represented minority and low income sites.

Data analysis began in mid-December 2015 and was conducted by the Health Department. A draft of the CHNA report was presented to the HAT Committee in late January 2016. A Community Health Improvement Plan (CHIP) will be created and discussed in upcoming HAT meetings. Following the initial analysis of CHNA data, additional qualitative data was collected from HAT members as representatives of their organizations. (See p. 28 for a description of the follow-up survey.)

Social and Physical Determinants of Health create the environment in which all residents live. The Franciscan Alliance has provided the public with an invaluable online tool, a Healthy Community Index.

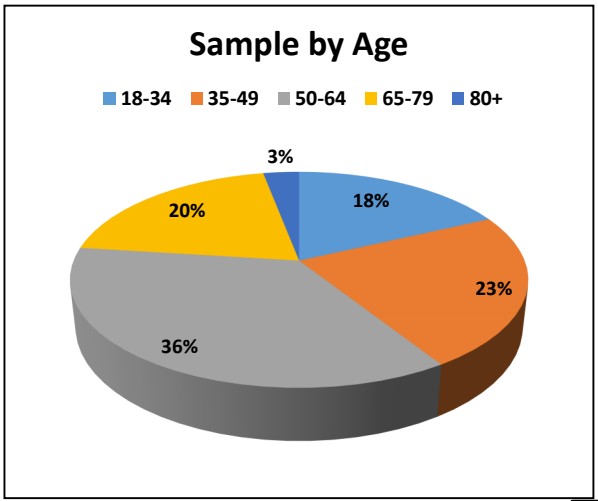
http://www.franciscanalliance.org/community/community-needs-assessment/pages/default.aspx?hcn=CommunityDashboard

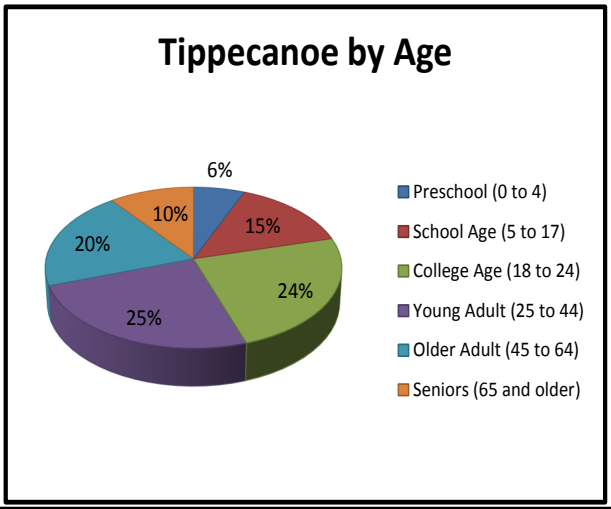
This tool provides a Community Dashboard, a Disparities Dashboard, recent demographics, the Healthy People 2020 goals and our local progress. It even gives examples of best practices that have been successful in other locations.

Demographics

A representative sample would be a model of the true population of Tippecanoe. The larger the sample size the more likely it is to reflect the true population. The gender of the respondents for this survey was 78% female and 22% male. This is not unusual in terms of surveys, but is different than the true population. The true population is 49% female and 51% male. A large sample size and the use of percentage calculations help with interpretation given this uneven mix.

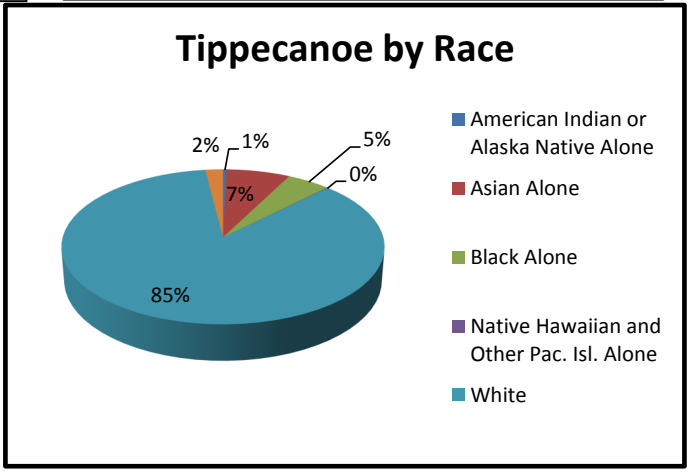
In addition, 23% of the sample included respondents aged 65 or older. The census indicates ~ 10% of the population in Tippecanoe is of that age, thus the sample is somewhat biased toward an older population.





The survey sample differed from the true population. Our sample was
93% White
4% Black
1% Asian
1% Multi
1% Native American

In terms of ethnicity, the Hispanic population is 8% in Tippecanoe. In our sample it was 4.4%.



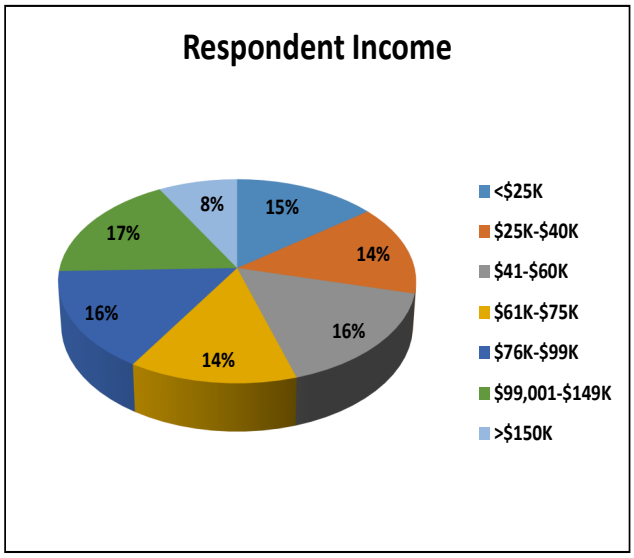
The population of Tippecanoe County has increased over the last four years ~ 6.0%, which is much more than the state of Indiana rate (1.7%). Our county is also in flux constantly because of the university population, which is not a permanent population in terms of individuals, but a constant number of young adults who use health care resources, but do not become long term residents.

Demographics

Poverty prevalence in Tippecanoe County increased during the recession starting in 2008. It greatly affected our data in the 2011 CHNA . The estimated Poverty rate in Tippecanoe County today according to Indiana StatsAmerica, is 22.1% for adults and 20.3% for children. One in five children lives in poverty (Indiana rate is 15.4%).

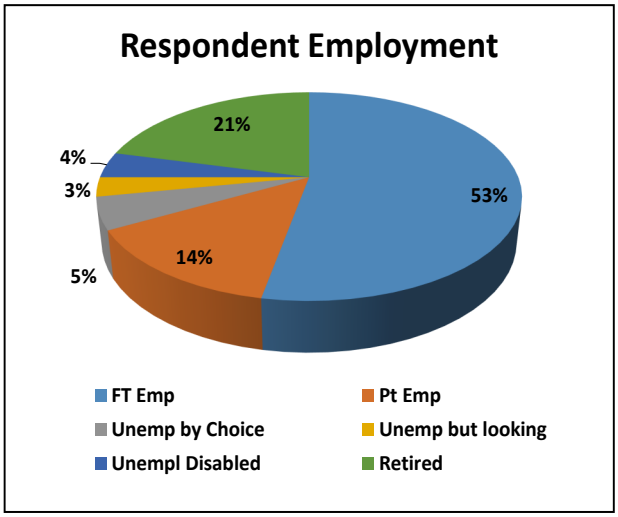
Living arrangements in our sample: **Marrried 68%** **Single 23%** **Co-habitate 9%**

Respondents' zip code indicated that 94% lived in Tippecanoe County with 60% in Lafayette, 29% in West Lafayette and 5% outside the city limits. Another 5% of respondents lived in contiguous counties and 1% lived in outlying counties.



Median household income in Tippecanoe County is $46,276 (2014). The median in our sample is closer to $70K as half of our respondents reported incomes less than $70K and half reported more.

The Unemployment rate in Tippecanoe County (2014) was 5.1%. This is close to the State rate. Our sample shows a 3% unemployed rate.
A large portion of our respondents were retired and would not be employed or looking for employment.
Also, the rate is always influenced by a large student population compared to the total population of the county.



Youth Services

Eight Issues/Services were listed and the question asked if there was a Community and/or Personal Need. **Mental Healthcare and Child Abuse Prevention** were chosen as the highest Community Need. At least 85% or more (n= 2387) of all respondents indicated that they believed these were the highest need. All of the services presented in Youth Issues and Services were perceived as a community need above the 80% level.

Community Need		Personal Need	
Child Abuse Prevention	**89%**	**Mental Healthcare**	**11.3%**
Mental Healthcare	**89%**	**Special Needs Education**	**5.3%**
Teen Drug/Alcohol Detox Prog	**87%**		

A significant amount of individuals, 281 (11.3%) checked that their family had a Personal Need for Youth Mental Healthcare regardless of household income. Special Needs Education was also checked by 126 individuals. Low income individuals (lower two income categories) always reported greater need compared to the top two income categories.

The County Health Rankings by Robert Wood Johnson Foundation (RWJF) show the ratio of mental health providers per capita to be 748:1. This is on par with the State of Indiana. While the best in the nation is 386:1, Tippecanoe County is not alone in its critical shortage of Mental Health providers to the public.

The sample size for Hispanics (n=96) and African Americans (n=99) is very small, so percentages are not given. However, given the data available, a difference can be observed between what underrepresented minorities perceive as Community and Personal Needs compared to the majority.

Hispanic Community Need	Hispanic Personal Need
Mental Healthcare	**Walk to School Program**
Teen Drug/Alcohol Detox Program	**Bike to School Program**
Teen Pregnancy	

The 2011 CHNA also found that the Hispanic Community had a high concern for Teen Pregnancy.

Youth Services

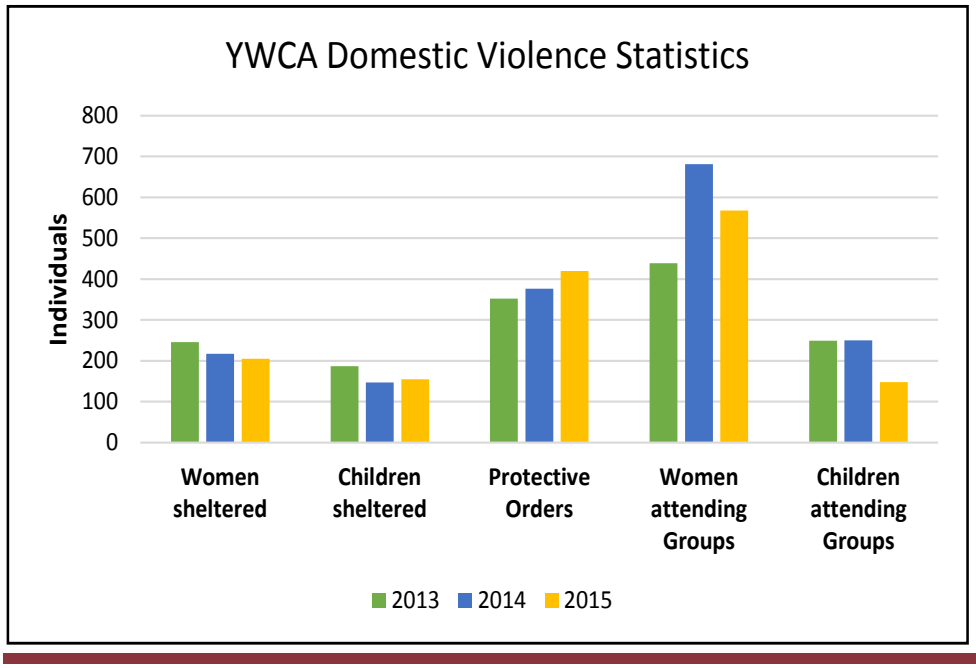
African American Community Need	African American Personal Need
Alcohol Consumption	**Mental Healthcare**
Teen Drug/Alcohol/Detox Program	**Special Needs Education**

Across all income levels there is a Personal Need for Mental Healthcare. While 15% of those in the lower income ($40K and less) reported a need for Mental Healthcare, 10.5% in the upper income (>$100K) reported this need. Mental Healthcare resources are not available even when people are able to pay, thus indicating the strong demand in this community.

Across all income classes, >85% of respondents believe there is a Community Need for Child Abuse Prevention. Thirteen individuals from the low income category checked a Personal Need for Child Abuse Prevention compared to only three in the upper income category .

Local statistics recently cited (Journal & Courier) include the number of arrests for Domestic Violence by the Lafayette Police Department. In 2010 there were 157 arrests, in 2015, there were 185 arrests. Close to 500 children and women were sheltered in 2014 by the Domestic Violence Intervention and Prevention Program.

Local media coverage about Domestic Violence has been abundant. It would appear from our survey that the public is aware of the problem. The Prosecutors Office recently created a victim advocate position and sponsored the 'No More' campaign and the YWCA did a 'Walk a Mile' in these shoes as an awareness campaign. (The 2015 number of women and children sheltered is decreased because of construction for a new site.)



Attending support groups is part of therapy for children and adults who have been involved in Domestic Violence. The increased number of individuals over the last 3 years indicate the increased demand for Domestic Violence Intervention.

Housing & Shelter

Shelter for residents of Tippecanoe County has become a more important issue since the last CHNA. All three issues, Homelessness, Affordable Housing and Emergency Shelters, were sited by at least 75% of all respondents (n=2298) as a Community Need. The greatest need was Homelessness at 85%.

Personal Need for Affordable Housing was high in the low income group. More than one in five or 22% of those with an income of $40,000 or less indicated a need for Affordable Housing. Personal Need among low income individuals was 14x higher than among high income individuals. Among both the Hispanic and African American population, 15% indicated a Personal need for Affordable Housing.

The County Health Ranking data lists Tippecanoe County as having at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities. HUD statistics show that 13,320 households in Tippecanoe have this problem. Due to the University and high demand for housing from the student population, it is likely that overcrowding occurs. Monroe (24%) and Tippecanoe (20%) are the two counties with the highest percentage of severe housing needs among 92 Indiana counties. While the high percentage is partially due to the University demand, low income residents are affected because there is less affordable housing available for them. The Indiana benchmark for housing with problems is 14%, significantly lower than Tippecanoe County.

Homelessness has become a larger issue since it appears to be increasing since the last CHNA. Accurate data as to the number of homeless is difficult. Point in Time, a federal mandate census when volunteers take a count of all homeless they can find in one 24 hr. period, is one method of gathering data. In 2013, there were 169 homeless people. However 636 individuals stayed at the Lafayette Urban Ministry shelter over the year.

Another company, Solutions Beyond Shelters, estimated in 2012 there were approximately 900 individuals in Tippecanoe County that were homeless over the year.

Homelessness affects children as well as adults. Tippecanoe School Corporation reported 71 homeless children in their 2013-2014 school year in February of 2014. Lafayette School Corporation reported 97 homeless students, but typically a full school year averages 180 homeless students.

Senior Services

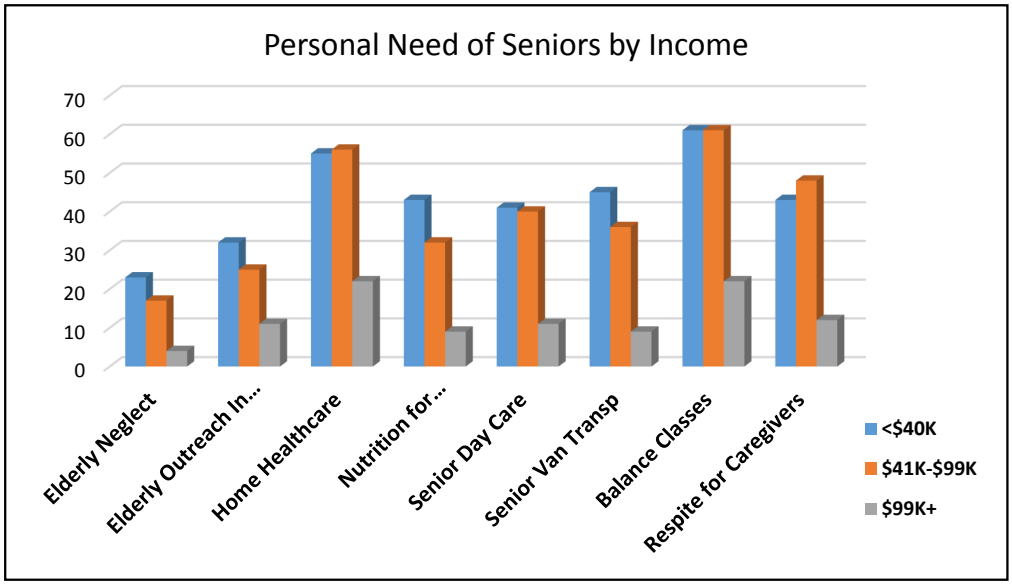
There were eight needs listed in the Senior Services question. Four services were cited by 73% of the respondents (n=2319) as a **Community Need**:

Elderly Outreach In Home Counseling **Senior Daycare**

Senior Van Transportation **Home Healthcare Services**

Personal Need was very different than Community Need. Close to one in four respondents in our sample was 65 or older. While there was not a lot of Personal Need reported, 7% of all respondents indicated Balance Classes and Home Healthcare were the highest among the eight services.

Among the Hispanic population, Balance Classes and Home Healthcare Services were the top personal needs. The African American population had four choices for Personal Need; Balance Classes, Senior Daycare, Nutritional Needs of the Homebound and Home Healthcare Services.



In 2014, the census reported 10.3% of the population as 65 and older in Tippecanoe County. (Approximately 18,900 individuals). The Area IV Agency shows approximately 823 seniors that live in poverty (4.5% in 2013). The best estimate today would be ~ 900 seniors living in poverty in Tippecanoe County.

Healthcare

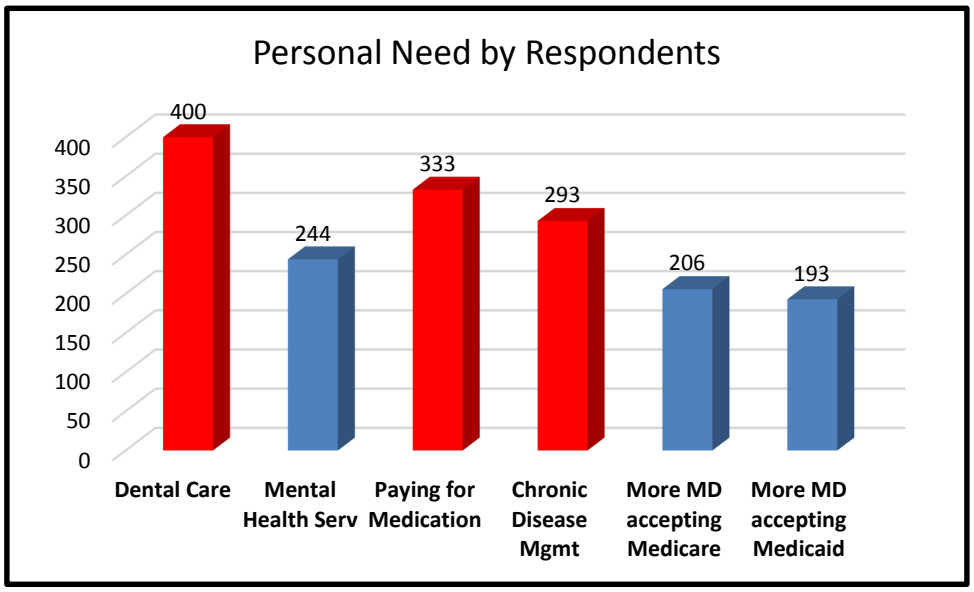
The Healthcare question on the survey had ten programs or services used by adults in the community and ten choices were used by over 90% of the respondents. The top two Community Need choices were:

Drug/Alcohol Abuse/Detox program and Mental Health Services.

These results confirm the first question results about Youth Issues/Services in which 83-85% of all respondents felt there was a need for Drug/Alcohol Abuse/Detox Programs and Mental Health for teens. In the four years since the last CHNA was done, the demand has only increased for these two services.

According to the County Health Rankings, Tippecanoe has a 748:1 ratio of Mental Health providers. This is similar to the State average at 750:1.

The incarcerated population in the county jail has a dire need for both of these programs. This group is never surveyed, but it is growing. Estimates nationally are 15% of male and 31% of female inmates suffer from some sort of mental illness. The percentage of mental illness among inmates is higher than in the normal population.



Among the low income levels greater than 1 in 3 or 37% have a personal need for Dental Care.

Healthcare & Health Insurance

African American Community Need

Mental Health Services

Paying for Medication

Drug/Alcohol abuse/Detox Program

African American Personal Need

Dental Healthcare

Hispanic Community Need

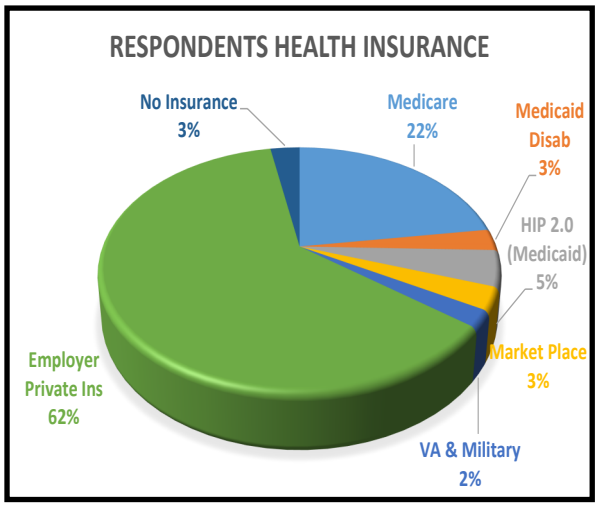
Translation Services

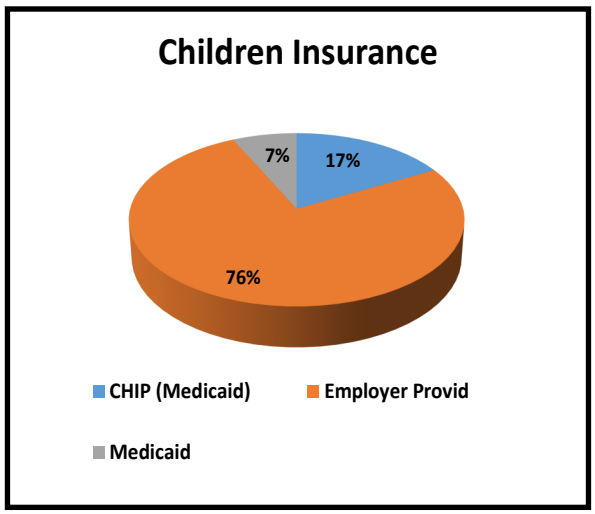
Dental Care

Hispanic Personal Need

Dental Healthcare

The Affordable Care Act has changed the percent of Adults under age 65 and children without health insurance. It appears from the County Health Ranking data that the number of Uninsured Adults in Tippecanoe County has decreased and continues to decrease. Our last survey showed that affordable and accessible Healthcare were the largest Community and Personal need. Our sample shows among adults (n=2250) that there has been an expansion of Medicaid with HIP 2.0 (5%) and the new introduction of the Market Place, 3%.





County Health Rankings for 2015 show 19% of adults (ages 18-64 or ~ 23,961) were uninsured. Among children 8% were uninsured (ages 0-18 ~ 3042).

Our sample shows no children uninsured (n=911), but one in four is on Medicaid.

Health & Wellness Services

This question is distinguished from Healthcare in that the ten choices were not clinical services/programs offered, but programs an individual would initiate while trying to improve their own health. The comparison to the CHNA in 2011 is difficult, because all the Healthcare choices, both clinical and individual, were in one question, thereby making it difficult to distinguish between services offered and individual motivation.

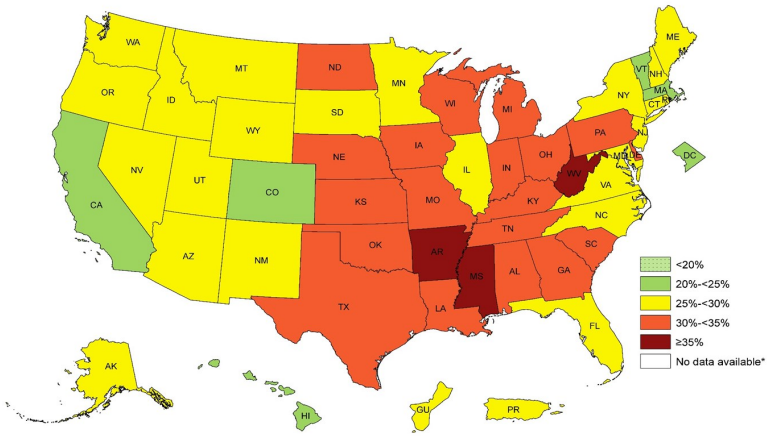
Domestic Violence programs were perceived as the top community need (n=2253) as 73% of respondents checked this. This included the African American and Hispanic population. The second Community Need priority was a tie between Weight Management Education and Nutrition Education for Chronic Diseases (63% of all respondents). This maybe a good sign as the public is becoming more aware of the role they can play in trying to improve their own health (Individual responsibility).

Obesity was not listed as a health issue for adults or teens in this CHNA intentionally. National data indicate a stabilization of obesity in most states including Indiana. This is true among adults and children. Indiana still ranks as the 7th heaviest state with 32.7% of adults being obese. However, the most recent data show no increase between 2014 and 2015.

This graph shows the percent of obese population in each state by self report. The caveat of self reporting is that it is usually lower than the true number. Therefore, the true percent of those who are obese is probably higher.

The number of those who are overweight is approximately equal to those who are obese. Best estimates are that close to 2/3 of the Indiana population is overweight or obese.

Prevalence of Self reported Obesity , U.S. Adults
BRFSS 2014



In terms of **Personal Need, 25% or one in four, said they would like access to a free gym or track**. The second and third Personal Need choices were Affordable Exercise Options and Walking and Biking Trails.

Family Physician

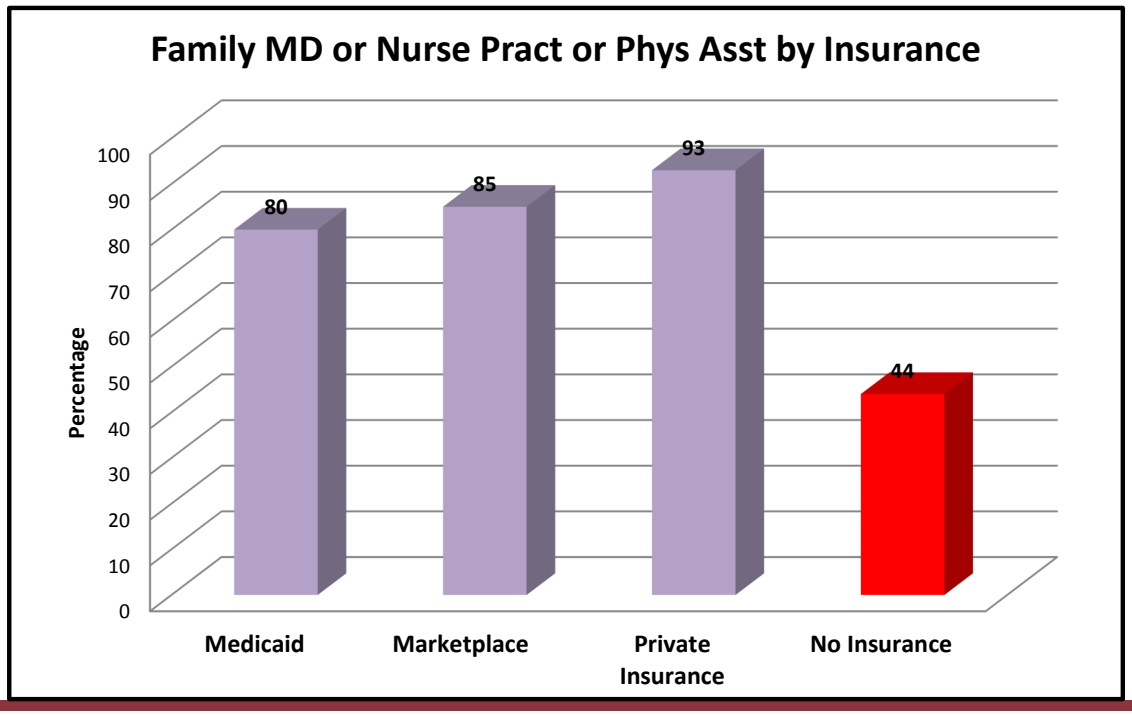
A high percentage (90%) of the respondents had one of the following: Family MD, Nurse Practitioner, Physician Assistant (n=2171). There were 206 (10%) individuals who checked that they did not have this type of family care. The last CHNA indicated that women were much more likely to have regular check ups and have an MD. This survey showed a similar percentage (90%) between men and women, who avail themselves of one of these health services.

The underrepresented minorities did not have this health service. More than one in four (26.6% of Hispanics and 28.4% of African Americans) did not use this service.

Age and income are two other factors that affect regular health care. Younger individuals often use regular health services less than their older counterparts. One in four of younger adults (ages 18-24) did not have a family MD. Among the 35-49 year olds, one in ten did not have a family physician.

As expected, the low income population probably could not find affordable or accessible regular family care. Of those with an income of <$25K, one in five or 22% did not have a regular physician. Of those with an income of $26K-$40K, more than one in ten or 13% did not have a regular MD.

Health insurance is a major factor related to this type of healthcare. The graph shows that among those with no insurance, less than half have a family physician. The Affordable Care Act enrolls more people with insurance, but it is not free. Health premium costs are a major portion of a minimum wage full time job.

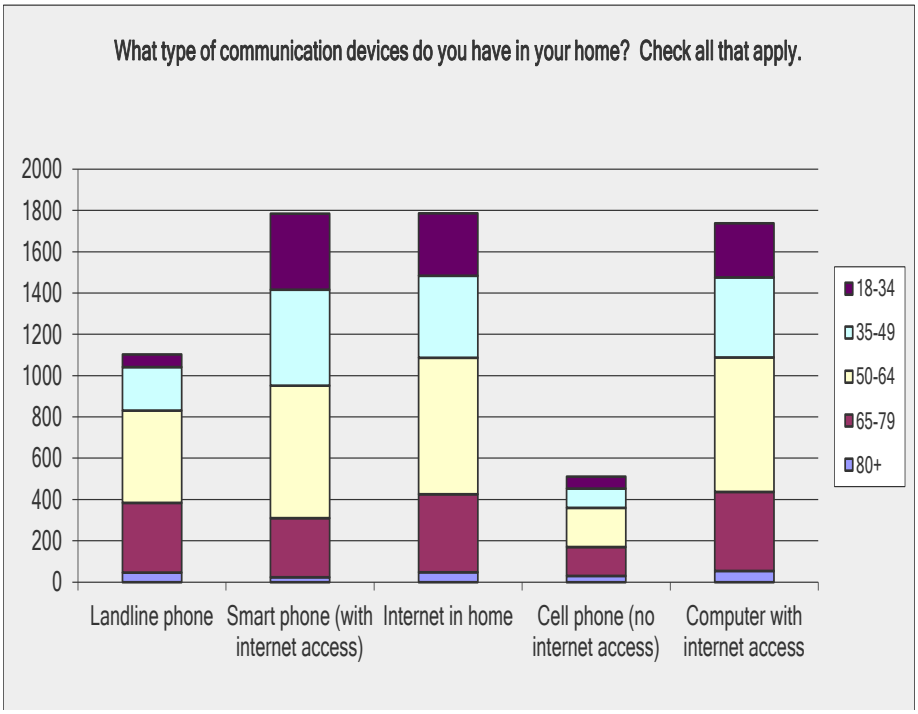


Communication Devices

In the last five years, the method in which community and health information are collected has drastically changed. Previously, most respondents received their information through the television. Television is still an important vehicle of communication, but there are other devices that have become more popular, especially with younger people. The survey asked which communication devices people had most available to them. The smart phone, Internet in the home and Computer with Internet access were the preferred methods of communication.

The graph below shows that among the 18-34 and 35-49 year olds smart phones with Internet access are more prevalent than Internet in the home or Computer with Internet access. Standard land lines are quickly becoming a utility of the past. For the elderly, computer with Internet access (most likely at home) is the vehicle used most (n=2298). However, people could check ALL devices they had for this question.

Government issued cell phones are available for low income adults and children. The Indiana plan allows 250 anytime minutes per month available for no charge. The plan includes text messages. (Each text message is charged as one minute.) Minutes run out quickly, usually before the end of the monthly cycle. The phone can only be used for emergency numbers at that point. These phones cannot be used to access the Internet.



Technology is not available to the low income. Equipment and Internet service are the two barriers. Schools issue equipment to level the playing field, but the lack of Internet service is critical for today's student and their education.

Health Communication Resources

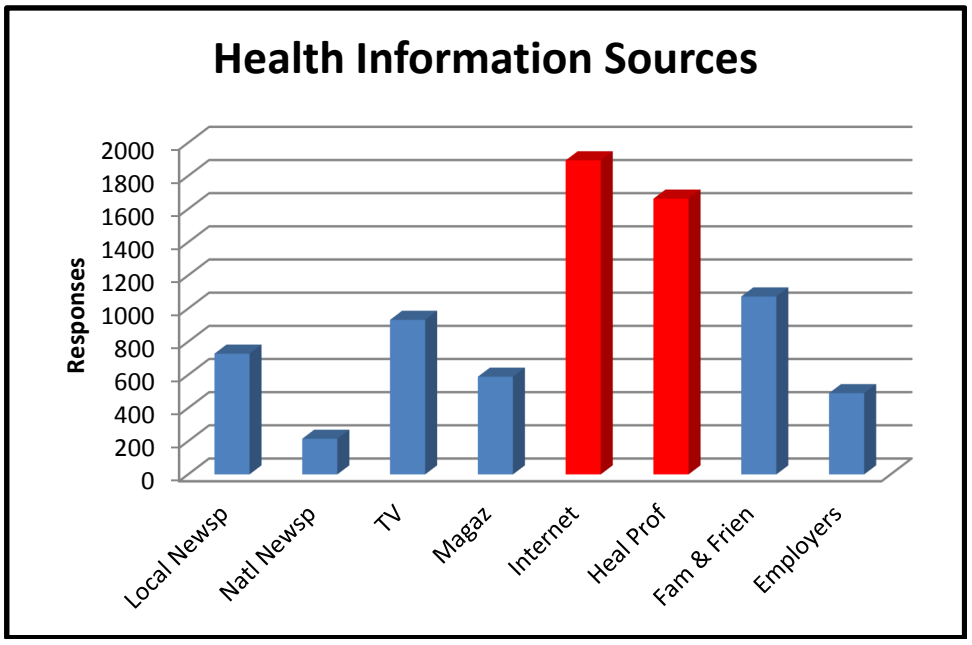
The survey asked what is the most common method of finding health information (n=2253). The two most used methods were:

Internet 84% **A health professional 74%**

The second tier for sources, though <50%, was the Family and Friends and Television. This is dramatically different than five years ago, when the television was the major source for health information. This information will influence how healthcare providers provide information and market their services in the future.

Instead, young adults (18-34) and the next generation (35-49) chose to receive their health information by the Internet. Today health information is more likely to be received on the Internet, either by computer or smart phone than it is on the television. Healthcare marketing has evolved to target the public and specific audiences for healthcare messages.

Poverty prevents low income families from having a basic utility, Internet service. This resource is critical for adults to apply for jobs and for children as a tool in their public school education. While some school districts provide the equipment, not all schools in the local community do. Equipment and high speed Internet access are major barriers to low income adults and children. This lack of resources prevents them from improving their situation. While equipment is one piece of the puzzle, access to the Internet beyond a smart phone is important to those who cannot afford it.



Community Issues

There were seven issues in this survey question. Respondents believed (somewhat accurately) that Adults and Youth had different community problems. There was one issue they have in common, however, Prescription Drug Abuse.

Adult 80% of respondents ranked:

Domestic Violence

Meth Use

Prescription Drug Abuse

Child >66% respondents ranked:

Binge Drinking

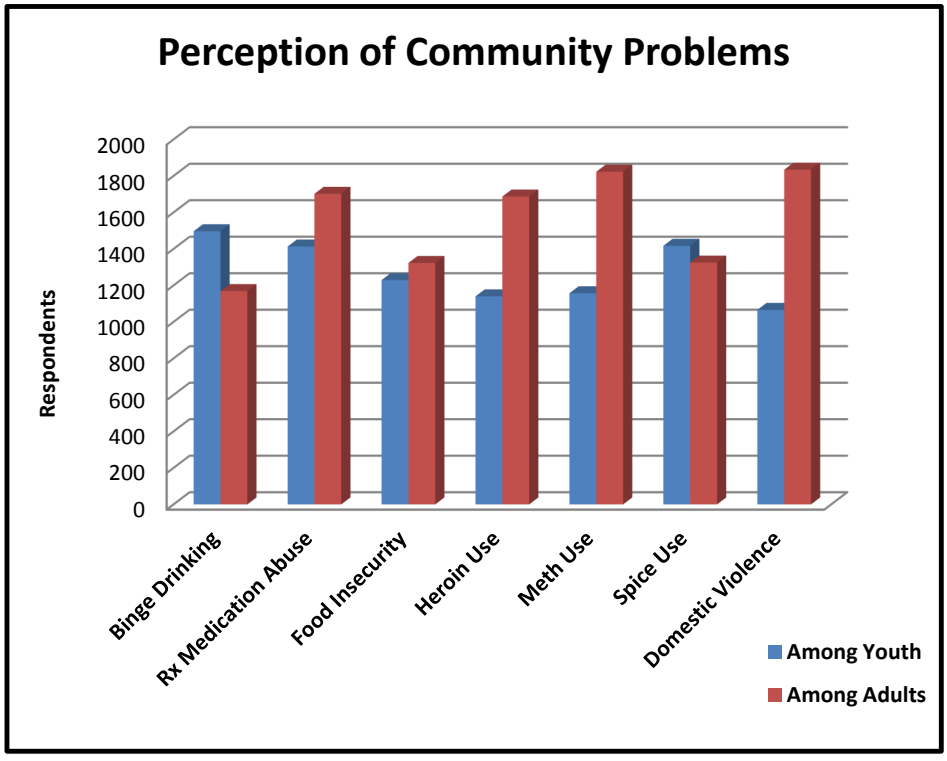
Spice Use

Prescription Drug Abuse

Five years ago when this question was asked, there were many more choices and Drug Abuse was one category. Nationwide drug abuse has been on the rise and this question was broken into three categories of drug use: Heroin Use, Meth Use and Spice Use. Among adults, Meth Use was cited as a community problem by 85% of the respondents, vs. Heroin Use by 78%. Among youth, Spice Use was cited by 66% of the respondents and Heroin and Meth Use were cited much less. These results indicate that the community is aware of Spice use among the youth and that Prescription (Rx) Drug Abuse is affecting both youth and adults.

In 2011 when asked about Community Issues, Prescription Drug Abuse was not even an option. Today the over prescription of Opioids (pain killers) is believed to have led to the Heroin Epidemic.

The number of crisis calls to the YWCA dealing with Domestic Violence has more than doubled from ~2000 in 2013 to 4800 in 2015.

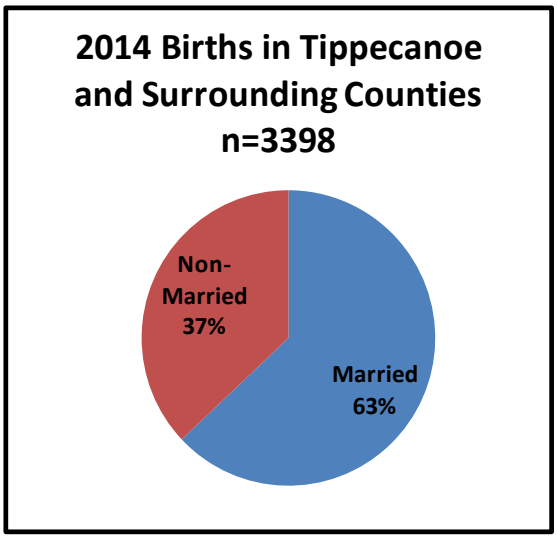


Vital Statistics

The Health Department is responsible for vital records (birth and death) as well as surveillance of reportable infectious diseases. The actual number of drug related deaths decreased in 2015, but the number of infant deaths increased. Co-sleeping with infants has played a role in increased infant deaths.

Drug overdose deaths are a real concern for Tippecanoe County. In the 5 year period of 2009-2013, 46 non fatal ER visits were due to opioid Over Dose (26 per 100,000, compared to the state rate 28 per 100,000). In the same five year period, there was an annual average of 22 poisoning deaths. (13 per 100,000 compared to state at 15 per 100,000). In 2013, there were 26 drug poisoning deaths in Tippecanoe County.

The teen birth rate has decreased state wide. In 2014 the number of teen births in Tippecanoe County was 5.5% of the total births (State 7.5%). Among the African American population, it is higher with 8.5% of births to mothers between 15-19. Among whites, 5.0% of births were to teenagers. Alarmingly, among Hispanic births, 13.8% were to teenagers. This coincides with the Hispanic respondents Personal Need in Question #1 for Youth Services for Teen Pregnancy.



More than one third of births were to mothers who were not married, or when the birth certificate is issued there is no father's name. This amounted to 1259 births in 2014.

While this is a sizable amount of babies with no fathers at birth, 80% of those births are granted a paternity affidavit later However, that leaves 243 true single moms. Of those 44, or 18% are teenagers.

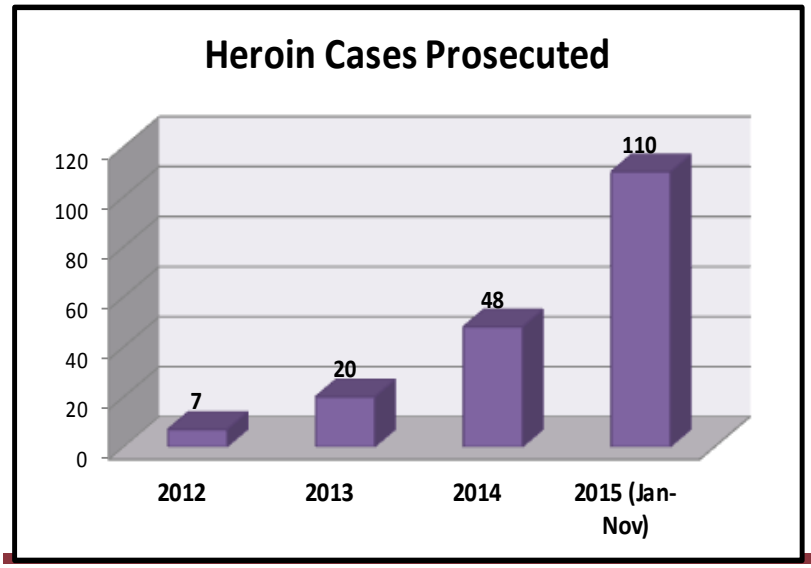
Reportable diseases are also a concern of the Health Department. Sexually Transmitted Diseases (STD) are higher than the State in some cases. Chlamydia cases in 2013 were 836, or 464 per 100,000 population (State 432 per 100,000). Gonorrhea cases in 2013 were 175, or 97 per 100,000 (State 110 per 100,000).

Hepatitis C Virus (HCV) is a concern when there is high drug traffic. In 2013 Tippecanoe County reported 45 new cases (25 per 100,000). If there is an epidemic of HIV or HCV, a needle exchange program is strongly recommended. These numbers are high and of grave concern.

Substance Abuse

The Drug Free Coalition collects data from the Indiana Youth Survey, National College Health Assessment, St. Elizabeth Hospital Admissions, Tippecanoe Law Enforcement and Division of Children Services. Substance Abuse is causing an increasing number of arrests, deaths, overdoses and children affected by use. Recent data specific for Tippecanoe County is as follows:

Alcohol	One of 3 high school seniors have used alcohol in the last 30 days
	Total Alcohol related charges: 1266
Marijuana	31 cases of dealing, 467 cases of possession
	2012 marijuana use by juniors was 7.4%; in 2015 it is 15.4% among juniors
Spice	9 cases of possession and 202 cases of use by 10/26/15
	Hospital admission data likely due to spice: 4 cases in 2013 and 105 in 2014
Prescription	11.2% of college students use Rx drugs not prescribed to them
	22 deaths in 2015 that are drug related
Heroin	Shortage of Narcan
	65 cases (8% of all Accidental Overdoses)
Meth	45% of Division of Child Services cases are due to Meth (54 children)
	Dealing Meth (39 cases); possession of Meth (91 cases by 10/15)
Cocaine	Dealing cocaine 53 cases, Possession 76 by 10/15
	16 children affected by Cocaine



There is an increase in crime in Tippecanoe County due to the increase in drug traffic. The Lafayette Police Department reported 634 and 553 Drug Arrests in 2014 and 2015. Over the last five years there has been a 4% increase in violent crimes and crimes against property.

Chronic Health Indicators

Chronic Health Indicators are a gold standard question on health surveys. Four years ago when this survey was done, there was scarce county level data readily available. Today, there are multiple sources of data for chronic health issues, such as Diabetes and Cancer. One of the best sources is our own local Healthy Community Index Dashboard.

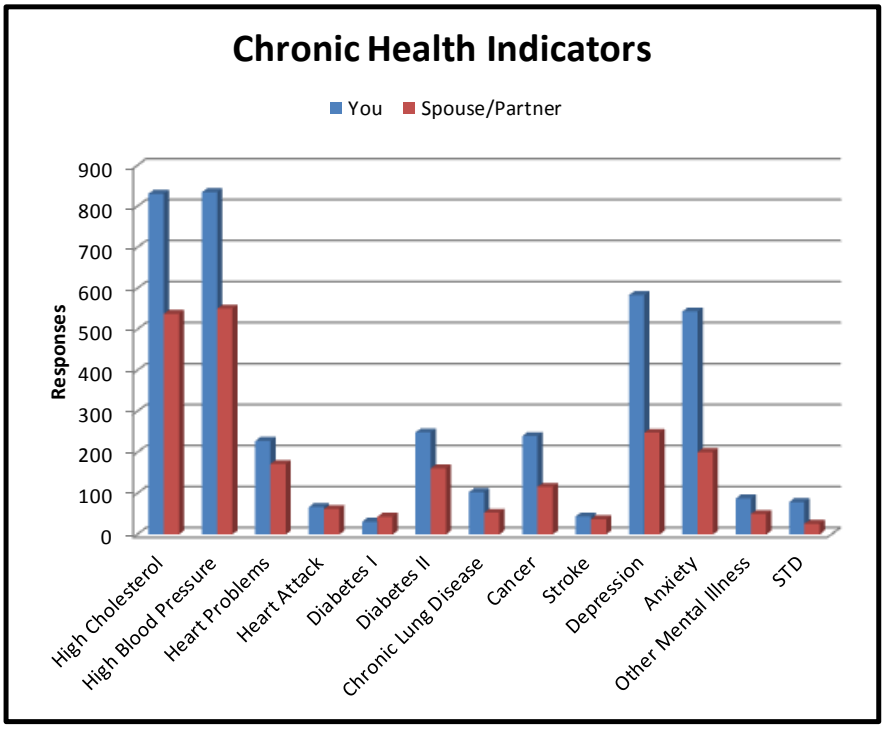
http://www.franciscanalliance.org/community/community-needs-assessment/pages/default.aspx?hcn=CommunityDashboard

Nationwide, statewide, and county wide there are four chronic health indicators which are diagnosed with a high prevalence. In the short term the prevalence statistics do not change. If there is change; it is very slow. (Obesity would be a good example.) The four most common health indicators are: **High Cholesterol Level, High Blood Pressure (Hypertension), Depression and Anxiety**. These indicators are also high in other countries and across different cultures.

For this question, we were able to use respondents and their spouses/partners, thus creating a very large sample size, n= 1781. Age, race and gender are variables by which prevalence data can more closely show which segment of the population is affected. Data from specific sources related to the condition are a good benchmark, since our sample is not necessarily representative of the true Tippecanoe County population.

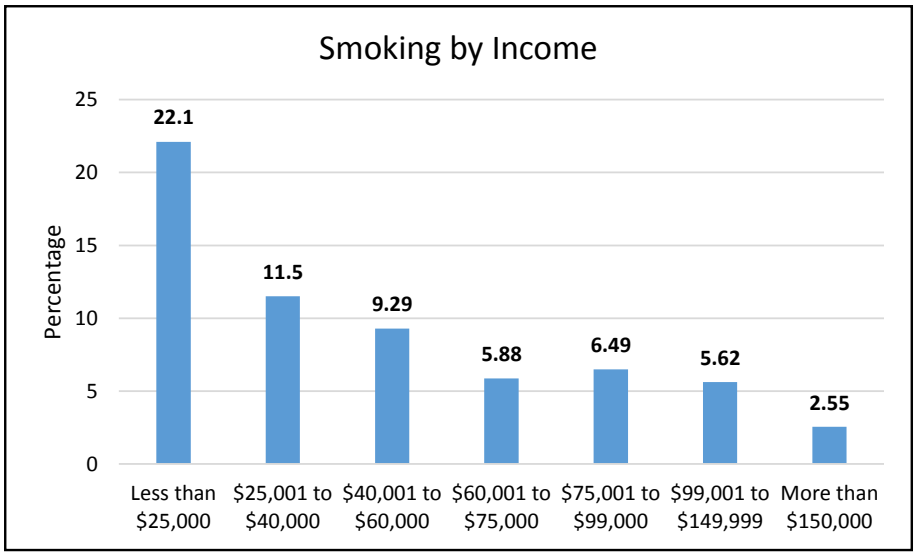
Close to half of all respondents had High Cholesterol, 47%. Hypertension had <40% prevalence. These two indicators increase over the life continuum, therefore older adults have a higher prevalence.

Depression and Anxiety were higher in younger adults than older.

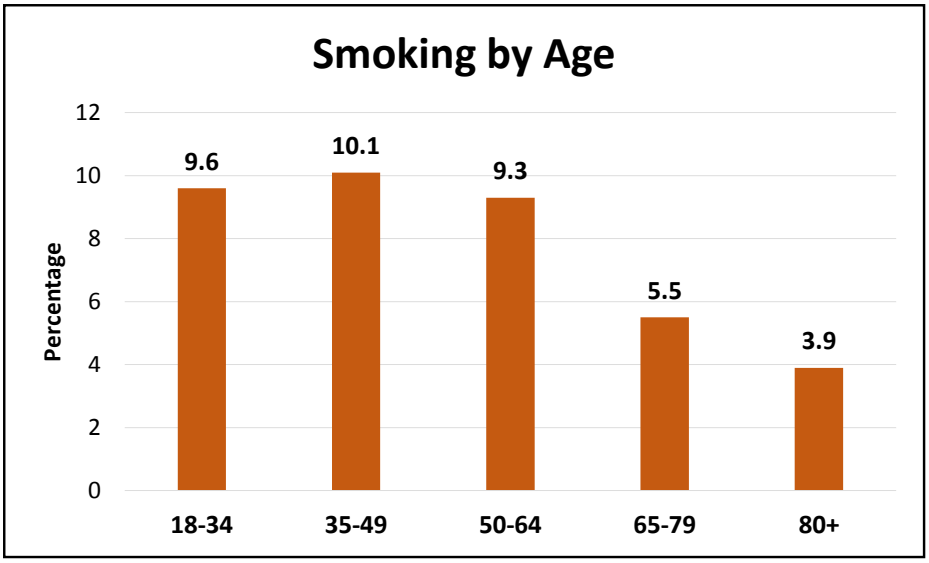


Chronic Health Indicators

Smoking is a chronic health indicator that was asked in a separate question. In 2011, the smoking prevalence was ~ 15% from our respondents. This survey showed 9% of the respondents smoke. The County Health Rankings put Tippecanoe County at 15%. This is still significantly less than the Indiana prevalence of 23%. More than half of our respondents reported a college education or more, which is a biased sample.



Smoking is also correlated to education and age. The younger generation starts, becomes addicted and continue smoking into middle age. With added E cigarettes and sweetly flavored cigarettes aimed at the younger generation, strong prevention efforts in school are more important than ever.



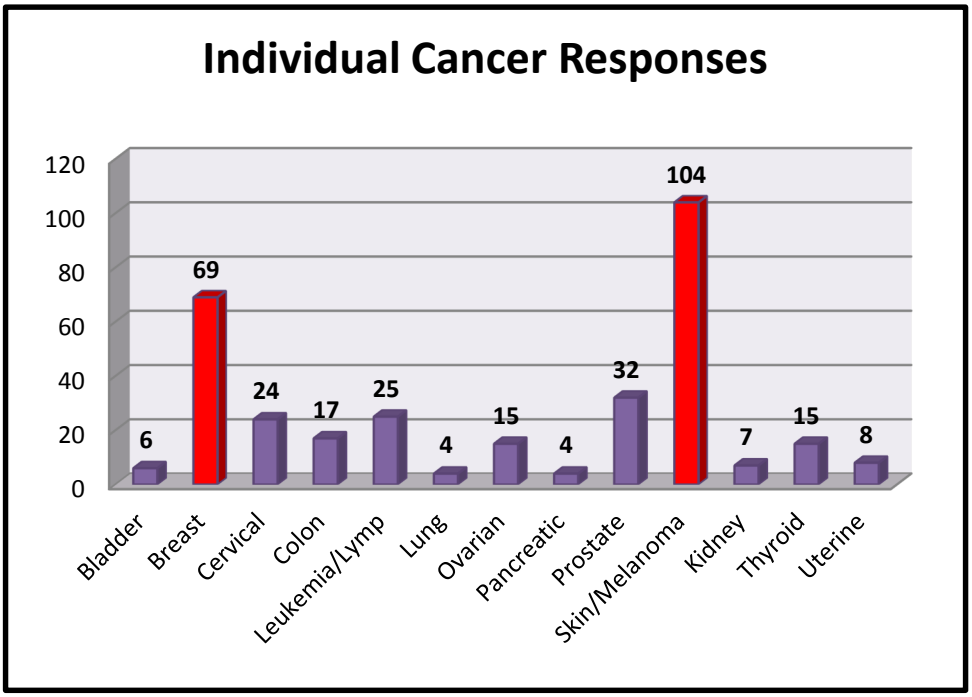
There were 187 respondents who smoked. Among the males, 8.1% smoked and 8.8% of the women smoked.

Cancer

Respondents were asked if they had cancer, and if so what type of cancer. We also asked if their spouse had cancer. Unfortunately, the online version did not provide a column for the spousal type of cancer. Both individual responses and spouses' responses were counted (n=1781). There were 240 respondents who checked cancer and 116 spouses (Total = 356).

There were 186 females who checked cancer and 44 spouses that were female, the total number of females with cancer was 230. Similarly for men there were 54 male respondents who checked cancer and 72 spouses that were male for a total of 125 males with cancer.

More informative were the types of respondents' cancer. The graph below shows the number of individuals with a type of cancer. Skin cancer was a write in, but superseded the nine types of cancer that were offered in the survey.



Indiana State Health Department analyzes cancer data by Public Health District. Tippecanoe is the center of District 4 consisting of Benton, Warren, Montgomery, Clinton, Carroll, White and Cass. The data, while more than Tippecanoe County, is valuable because residents in the more rural counties would probably travel to Tippecanoe for cancer care. Please refer to this site for more information. http://www.in.gov/isdh/files/District_Report_081815.pdf

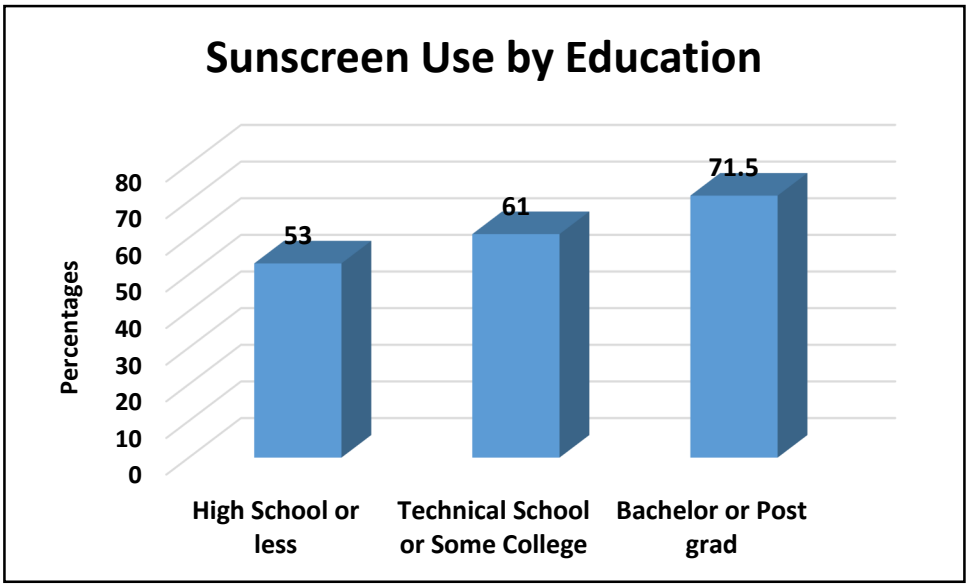
Sunscreen

The most common type of cancer written in by respondents was Melanoma, which is skin cancer. Consumer Reports Research shows one third of Americans have never used sunscreen. Our respondents were similar (65% use sunscreen and 35% do not).

The public is aware of skin cancer since 22% of people nationwide have been examined by a MD for something they believed was skin cancer. Our survey asked what types of cancer screenings have you done and 15% wrote in some type of skin biopsy. Women use sunscreen more than men (68% vs. 53%). More than one in four never put sunscreen on their children < 12 years. This could be a cost and/or education issue.

The American Cancer Society reported since 1992 rates of Melanoma have risen 3% a year in white women between the ages of 15 to 39. Yet more than 1 in 3, (35%) of Americans report the use of tanning beds. Especially disturbing is the 59% of college students and 17% of teens who use tanning beds (JAMA Dermatology). Locally there are multiple tanning bed businesses.

Our survey showed a correlation between income and education with sunscreen use. The increased use of sunscreen by those more educated seems to contradict the high percentage of college students who use tanning beds.



Sunscreen use by Income shows at the lowest income level sunscreen use is 42%. At the highest income level the sunscreen use is doubled, 81%.

People who use a tanning salon before age 35 increase their risk of melanoma by 75% according to the CDC. The American Cancer Society has estimated that skin cancer could rise to 400,000 new cases each year, dwarfing the 200,000 lung cancers diagnosed each year from smoking. However lung cancer kills far more individuals than skin cancer.

Limitations

Survey Monkey did not make it easy to manipulate data for performing cross tabulations. As an example, it was not possible to find the ages of the female respondents to chronic health indicator questions without multiple manipulations and further calculation by hand.

The sample was heavily populated by those who had access to the Internet.

Questions posed in the table format of Personal Need and Community Need assumed that those that did not check the boxes thought there was no need for a specific issue. This may or may not have been the case. Respondents may have chosen to skip the question.

The Hispanic and African American population was not as well represented in the 2015 sample as in the 2011 survey. While there were ~ 100 for each group, a larger sample size would have been preferred for statistical purposes.

In shorter surveys, more questions are answered. This survey was long and the questions at the end had much smaller sample size suggesting respondent fatigue.

The wording of the communication devices questions should have offered an option for use of the TV.

The Cancer question allowed the paper survey copies to write in the type of cancer a spouse had; the online version did not provide a write in line.

Qualitative Data

A short qualitative survey was given to key community members after the results of the Community Health Needs Assessment were analyzed. A combination of quantitative and qualitative data creates a more balanced picture. In the aggregate, with a biased sample, the perception of community problems may be more of a response to the news media rather than to fact.

Rather than individual responses, the survey asked key community members to rank the top issues from their professional experience. The top five issues were listed along with Public Safety because of the rise in crime over the past several years.

The key community members represented the local government of W. Lafayette and Lafayette, Purdue Univ. employees, local School administrator, Health officer, Health Board, Health insurance provider, private and not for profit organizations and social service agencies (n=14).

Substance Abuse was by far the highest priority of the 6 choices.
Food Insecurity
Mental Health and Homelessness were tied for 3rd and 4th place
Domestic Violence
Public Safety

A second question posed was, “if funding was available for these or other problems where could it be directed to make the most impact?”.

This open ended question led to multiple explanations that were thoughtful and showed experience with the current issues. More than once respondents explained the complicated relationship between Mental Health, Substance Abuse and Domestic Violence. They felt these problems could not necessarily be separated from each other. Not that there was a direct causation, but it was too difficult to show a direct linkage.

There was a consensus that extra funding in the community directed towards Mental Health education and substance rehabilitation would make the most impact. For those who already had a past record of addiction, funding should be directed to rehabilitation.

Food Insecurity continues to be a problem for adults and children in our community. The Appendix has a local map of Lafayette area grocery stores. One area of concern is the “food desert”, which is a geographic area where affordable and nutritious *food* is hard to obtain, particularly for those without access to an automobile. The lighter shaded yellow area compared to the radius of the grocers is a food desert. It is located in downtown Lafayette. Community sharing gardens have begun to take hold in Centennial, Lincoln, historic Jeff and the Perrin neighborhoods.

Appendix

ISDH Cancer Statistics http://www.in.gov/isdh/files/District_Report_081815.pdf

https://wallethub.com/edu/rates-of-uninsured-by-state-before-after-obamacare/4800/

http://indianaindicators.org/CountyDashboard.aspx?c=157

http://iuhealth.org/images/glo-coe/IUH.ARNETT.CHNA.11.30.15.pdf

http://www.franciscanalliance.org/community/community-needs-assessment/pages/default.aspx?hcn=CommunityDashboard

http://healthyamericans.org/assets/files/TFAH2014-InvestInAmericaRpt08.pdf

http://www.countyhealthrankings.org/app/indiana/2015/overview

http://www.americashealthrankings.org/IN/PH_Spending

Appendix

Grocer Map Food Desert